



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R13/9-10)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)


PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

						FILE NUMBER
1. IS THIS AN AMENDMENT? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, please enter the file number in this box						
SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
2. Last Name Cook-Crawford		3. Middle Name Barbara		4. Nickname Lee		5. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
6. Mailing Address 4335 Wexford Rd.				7. FAX (Optional)		barbaralcrawford@yahoo.com
8. City Indianapolis	9. State IN	10. ZIP Code 46226	11. County Marion	12. Telephone (Day) (317) 331-3616	13. Telephone (Evening) (317) 547-6769	
14. Party Affiliation <input checked="" type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican Other _____				15. Office Sought (Include district number, if any. Not required for an exploratory committee.) Marion County Superior Court Judge		
SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.						
16. Full Name of Committee (Do not abbreviate) Check if this is a new name Committee to Elect Judge Barbara Cook Crawford						
17. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address P.O. Box 30525				18. FAX (Optional)		19. E-mail Address (Optional)
20. City Indianapolis	21. State IN	22. ZIP Code 46230	23. County Marion	24. Telephone (Day) (317) 921-0105	25. Committee Organization Date (MM-DD-YY) 07-30-13	
26. Chairperson's Full Name Designate Candidate as Chairperson <input checked="" type="checkbox"/> Check if this is a new chairperson Jane H. Conley						
27. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address P.O. Box 30525				28. FAX (Optional)		29. E-mail Address (Optional)
30. City Indianapolis	31. State IN	32. ZIP Code 46230	33. County Marion	34. Telephone (Day) (317) 921-0105	35. Telephone (Evening) SAME	
36. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Fifth Third Bank						
37. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				38. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)						
39. I, as Chairperson of the foregoing Person Appointed Treasurer committee, appoint the following person as Treasurer of the Committee.				40. Signature of the Committee Chairperson		
41. Treasurer's Full Name Designate candidate as treasurer <input checked="" type="checkbox"/> Check if this is a new treasurer George P. Crawford, Sr.						
42. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address P.O. Box 30525				43. FAX (Optional)		44. E-mail Address (Optional)
45. City Indianapolis	46. State IN	47. ZIP Code 46230	48. County Marion	49. Telephone (Day) (317)	50. Telephone (Evening)	
SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)						
51. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).				52. Signature of Person Accepting Appointment <i>George P. Crawford</i>		
SECTION E. CERTIFICATION OF STATEMENT						
We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.						
53. Typed or Printed Name of Chairperson Jane H. Conley		54. Signature of Chairperson <i>Jane H. Conley</i>		55. Date (MM-DD-YY) 7/29/13		

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JUL 30 2013

Elizabeth H. White

43. Typed or Printed Name of Candidate Barbara Cook Crawford	Signature of Candidate 	Date (MM-DD-YY) 07-26-13
<p>Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).</p>		